U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS

OCCUPATIONAL HEALTH

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By Order of the Assistant Director
Jon R. Krohmer, MD/s/

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1. PURPOSE: The purpose of this issuance is to set forth the policies for U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) concerning occupational health.

2. APPLICABILITY: This directive applies to all IHSC personnel, including, but not limited to, Public Health Service (PHS) officers, civil service employees and contract personnel. It is applicable to IHSC personnel supporting health care operations in ICE-owned or contracted detention facilities and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ. Federal contractors are responsible for the management and discipline of its employees supporting IHSC.

3. AUTHORITIES AND REFERENCES:

3-1. Title 8, Code of Federal Regulations, Section 235.3 (8 CFR § 235.3), Inadmissible Aliens and Expedited Removal.

3-2. Section 232 of the Immigration and Nationality Act, as amended, Title 8, U.S. Code Section 1222 (8 U.S.C. § 1222), Detention of Aliens for Physical and Mental Examination.

3-3. Title 8, Code of Federal Regulations, Part 232 (8 CFR 232), Detention of Aliens for Physical and Mental Examination.

3-4. Section 322 of the Public Health Service Act, as amended, Title 42 U.S. Code, Section 249 (a) (42 U.S.C. § 249(a)), Medical Care and Treatment of Quarantined and Detained Persons.

2018-ICLI-00023 3277

3-5. Title 42, U.S. Code, Section 252 (42 U.S.C. § 252), Medical Examination of Aliens.

3-6. The Privacy Act of 1974, Title 5, U.S. Code, Section 552(a) (5 U.S.C. § 552 (a)), as applied in the Department of Homeland Security (DHS)/ICE-013 Alien Health Records System of Records Notice, 80 Federal Register 239 (January 5, 2015).

3-7. Title 29, Code of Federal Regulations, Part 1960 (29 CFR 1960), Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters.

3-8. Title 29, Code of Federal Regulations, Section 1910.1030 (29 CFR § 1910.1030), Bloodborne Pathogens.

3-9. Executive Order 12196, Occupational Safety and Health Programs for Federal Employees.

3-10. Public Law 91-596, Occupational Safety and Health Act (OSH Act) of 1970.

3-11. DHS Directive: 066-01, Safety and Health Programs.

3-12. *ICE, Occupational Safety and Health (OSH) Program Requirements Handbook*.

3-13. DHS | Handbook for Safeguarding Sensitive Personally Identifiable Information

4. **POLICY:** IHSC maintains an occupational health program that promotes employee health, identifies job hazards, implements controls and trains employees to promote their safety and well-being while at work. IHSC documents, monitors and evaluates employee injuries and illnesses, and develops preventive and corrective actions. IHSC personnel must adhere to federal occupational health regulations as mandated by the Occupational Safety and Health Administration (OSHA) and all applicable DHS and ICE policies. IHSC collaborates with DHS, ICE Field Collateral Duty Safety Officer, and facility to promote safe environment for all employees.

4-1. Employee Health Program.

a. The health services administrator (HSA) must oversee the employee health program within the medical clinic to include the following:

(1) Initial, annual, and periodic tuberculosis (TB) infection screenings;

(2) Initial and ongoing monitoring of vaccination status;

(3) Monitoring employee radiation exposure of health staff working with or around radiation-emitting equipment;

(4) Ongoing monitoring of employee health; and

(5) Maintaining employee health files and these will be kept separate from personnel files.

b. The HSA must perform an annual review of employee health program requirements.

c. Health staff must accomplish employee health program requirements through their usual source of medical care.

d. The HSA must ensure health staff awareness of workplace reproductive hazards and must provide information to health staff to share with their personal health care provider, if necessary.

4-2. Bloodborne Pathogen Program.

a. The HSA must oversee the Bloodborne Pathogens (BBP) Program, and must implement a medical clinic exposure control plan (ECP) that describes how occupational exposures to BBP and other potentially infectious material (OPIM) are controlled as mandated by the federal OSHA BBP standard.

b. The ECP includes at a minimum the following:

(1) Job hazard analysis (JHA);

(2) Communication of hazards to health staff;

(3) Exposure control methods, including the following:

Standard precautions;
Transmission-based precautions;
Administrative controls;
Engineering controls;
Work practice controls;
Personal protective equipment;
Housekeeping;
Regulated waste;
Cleaning and disinfection; and
Blood and bodily fluid spill cleanup;

(4) Hepatitis B vaccination compliance;

(5) Post exposure reporting, evaluation, and follow-up, and;

(6) Recordkeeping.

c. The HSA must ensure that the ECP is accessible to all employees.

d. The HSA or designee must review and update the ECP as needed and at least annually.

4-3. Personal Protective Equipment Program.

a. The HSA must oversee the Personal Protective Equipment (PPE) Program for the medical clinic to include JHA; the selection, purchase, use, care, and disposal of PPE; training and documentation.

b. Health staff must adhere to the PPE Program when performing assigned medical clinic duties as mandated by OSHA.

4-4. Respiratory Protection Program.

a. The HSA must oversee the Respiratory Protection Program for the medical clinic to include medical clearance; fit testing; the purchase, use, care, and replacement of respiratory protection equipment; training, and documentation.

b. Health staff must adhere to the Respiratory Protection Program when performing assigned clinic duties as mandated by OSHA.

4-5. Occupational Injury and BBP Post Exposure Management.

a. The HSA, Clinical Director (CD), or Clinical Services Manager (CSM) must oversee the emergent care for occupational injuries and post-exposure recommendations for HIV, hepatitis B, hepatitis C, and other BBP post-exposure follow-up.

b. The HSA or designee must report the occurrence of an employee TB test conversion to the Public Health, Safety and Preparedness (PHSP) Unit within one working day, and must ensure the anonymity of the employee.

c. The HSA or designee must investigate and track occupational injuries and BBP exposures across time to determine causes and uncontrolled

hazards, and must develop preventive measures and corrective action plans.

d. The HSA must ensure that the injured employee's confidentiality is maintained during investigations.

e. For non-urgent medical treatment, health staff must be referred to their usual source of health care.

4-6. OSHA Recording and Reporting Requirements for Employee Injuries, Illnesses, or Deaths.

a. The HSA must oversee the recording and reporting requirements for occupational injuries occurring in the medical clinic as federally mandated by OSHA.

b. The HSA must ensure employee confidentiality and must protect personally identifiable information (PII) when documenting injuries and illnesses.

c. The HSA must immediately notify the supervisory chain and the IHSC Assistant Director (AD) of all work-related deaths or deaths occurring within 30 days of a work-related injury.

d. The AD must rapidly notify the ICE Responsible Official for Occupational Safety and Health (OSH) of all deaths who upon notification [the ICE responsible official for OSH subsequently reports the incident to the nearest OSHA Area Office within 8 hours].

e. The HSA must immediately notify the supervisory chain and AD of all work-related injuries resulting in inpatient hospitalizations, amputations, or the loss of an eye within 24 hours.

f. The AD must rapidly notify the ICE Responsible Official for OSH of all work-related injuries or illnesses that result in inpatient hospitalizations, amputations, or the loss of an eye [upon notification, the ICE responsible official for OSH subsequently reports the incident to the nearest OSHA Area Office within 24 hours].

g. The HSA must immediately notify supervisory chain and the AD of a catastrophic incident involving one or more fatalities from a work-related incident or the inpatient hospitalization of three or more employees from a work-related incident within 8 hours.

h. The AD must rapidly notify the ICE Responsible Official for OSH of the catastrophic incident involving the death of one or more employees or

the inpatient hospitalization of three or more employees as a result of a work-related incident [upon notification, the ICE responsible official for OSH subsequently reports the incident to the nearest OSHA Area Office within 8 hours].

i. The HSA must document all work-related deaths, or work-related injuries, or illnesses that result in days away from work, restricted work or job transfer, loss of consciousness, medical treatment beyond first aid, or medical diagnosis resulting from a work-related exposure, illness, or injury on the Illnesses Incident Report (OSHA Form 301) as soon as possible, but no later than seven days after notification.

j. The HSA must document all recordable work-related deaths or work-related injuries or illnesses that result in days away from work, restricted work or job transfer, loss of consciousness, medical treatment beyond first aid, or medical diagnosis resulting from a work-related exposure, illness, or injury on the Log of Work-Related Injuries and Illnesses (OSHA Form 300) within seven working days of notification.

k. The HSA must compile all recordable work-related injuries, illnesses and deaths into the Summary of Work-Related Injuries and Illnesses (OSHA Form 300A) by December 31st of each year.

l. The HSA must post the OSHA Form 300A in a visible location in the medical clinic from February 1 until April 30 each year.

m. The HSA must provide a copy of the OSHA Form 300A for the medical clinic to the PHSP Unit by January 15th each year.

n. The HSA must maintain the OSHA Forms 300, 301 and 301A in the IHSC-staffed medical clinic for five years.

4-7. PHSP Unit Oversight and Monitoring.

a. The PHSP Unit must provide national oversight of the Occupational Health Program. The PHSP Unit must provide technical assistance to the medical clinics on implementing the elements of the program.

b. In addition to routine information requests, the PHSP Unit must also periodically collect information from the medical clinics to monitor the implementation of local occupational health programs.

4-8. Orientation and Training.

a. The HSA must provide oversight for the implementation of formalized orientation and annual training for health staff on the topics inclusive of this directive.

b. Orientation and training must be documented and records must be maintained on-site for a minimum of three years after the date of training.

5. PROCEDURES: Detailed procedures related to this directive are found in the guides listed below

5-1. *IHSC Employee Health Program Guide*

5-2. *IHSC Personal Protective Equipment Program Guide*

5-3. *IHSC Respiratory Protection Program Guide*

5-4. *IHSC Bloodborne Pathogens and Other Potentially Infectious Materials Program Guide*

6. HISTORICAL NOTES: This directive replaces Chapter 3, 5.3-4, 3-5, 3-6, 3-8, Chapter 6.3-1a, 3-2, from the 2012 IHSC Infection Prevention and Control Manual. This is the first issuance published under the new Policy and Procedure System.

7. DEFINITIONS: See definitions for this policy at IHSC Glossary and the glossaries found in the guides listed in Section 5.

8. APPLICABLE STANDARDS:

8-1. Performance-Based National Detention Standards (PBNDS):

PBNDS 2011:

1.2: Environmental Health and Safety.

7.3: Staff Training.

8-2. ICE Family Residential Standards:

1.2: Environmental Health and Safety.

8-3. American Correctional Association (ACA):

Performance-Based Standards for Adult Local Detention Facilities, 4th edition:

14-ALDF-4C-14: Communicable Disease and Infection Control Program.

4ALDF- 4D-07: Employee Health.

8-4. National Commission on Correctional Health Care (NCCHC):

Standards for Health Services in Jails, 2008:

J-B-01: Infection Control Program.

J-B-03: Staff Safety.

J-C-09: Orientation for Health Staff.

9. PRIVACY AND RECORDKEEPING. Records generated pursuant to this policy are maintained in the Office of Personnel Management, Employee Medical Records System of Records, 75 Federal Register 35099 (June 21, 2010), the Department of Labor, Office of Workers' Compensation Programs, Federal Employees' Compensation Act File System of Records, 77 Federal Register 1738, (January 11, 2012), and any other applicable system.

Protection of Medical Records and Sensitive PII

9-1. Medical records, or records contained within the ICE Alien Medical Records System, must only be disclosed to those officers and employees of the agency who maintain the record and who have a need for the record in the performance of their duties. Staff must secure paper records at all times within a locked cabinet or room when not in use or not otherwise under the direct control of an officer or employee with a need to know.

9-2. Staff must be trained at orientation and annually on the protection of patient medical information and Sensitive PII.

9-3. Staff must reference the Department of Homeland Security *Handbook for Safeguarding Sensitive PII* (Handbook) at: (b)(7)(E) when additional information is needed concerning safeguarding sensitive PII is needed.

10. NO PRIVATE RIGHT STATEMENT. This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.